No. <b>C 119755</b>		Due no later than Jun 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		IDAHO SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IDAHO ASSOCIATION OF HEALTH PLANS, INC.  ZELDA GEYER-SYLVIA  3000 E. PINE AVENUE  P.O. BOX 7408		101 S CAPITOL BLVD 10TH FLOOR BOISE ID 83702 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID 83642 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ZELDA GEYER-SYLVIA		3000 E. PINE AVENUE P.O. BOX 7408	MERIDIAN	ID	USA	83642
SECRETARY	SCOTT KREILING		1211 W. MYRTLE STREET SUITE 110	BOISE	ID	USA	83702
DIRECTOR	FRANK KYLE		10421 S. JORDAN GATEWAY SUITE 400 SOUTH JORDA		UT	USA	84095
DIRECTOR	SCOTT PLACK		521 WALL STREET ACC-3	SEATTLE	WA	USA	98121
VICE PRESIDENT	DAVID SELF		408 EAST PARK CENTER BLVD. SUITE 100	BOISE	ID	USA	83706
DIRECTOR	PAT RICHARDS		5381 GREEN STREET	MURRAY	UT	USA	84123
5. Organized Under the Laws of:		6. Annual Report must b					
ID C 119755		Signature: Scott Kreiling		Date: 04/10/2012			
		Name (type or print): Scott Kreiling		Title: Secretary/Treasurer			
Processed 04/10/2012 * Electronically provided signatures are accepted as original signatures.							